



Churchville Recreation Council

Churchville Tennis

Winter Session: January 5th – February 26th

Make-Ups are not guaranteed!!!

Class sizes are limited * Please register early to guarantee your spot

Questions please email churchvilletennis@gmail.com

NO REFUNDS-NO EXCEPTIONS

Cost: One hour class – once a week \$112; twice a week \$224

Cost: One and a half hour class – once a week \$168

Registration after December 23rd will be subject to \$10.00 late fee-THIS WILL BE ENFORCED.

We DO NOT pro-rate classes (if you register late, you still pay the full amount + late fee)

Return Check Fee \$30.00

Tuesday..... 9:00-10:00.....Pre-K Tennis, Ages 3-5 (Limit 4 kids)
10:00-11:00.....Adult Beginners/Intermediate
2:00-3:00.....Pre-K Tennis, Ages 3-5 (Limit 4 kids)
5:00-6:00..... **Future Stars - **Invitation only**
6:00-7:00.....**Player Development- **B-Invitation only**

Wednesday.....2:30-3:30..... Home School
3:30-4:30.....JV/Varsity
4:30-5:30.....Elite
5:30-6:30.....Beginners, Ages 4-6
6:30-7:30.....Beginners, Ages 7-9
7:30-8:30.....Beginners, Ages 10+

Friday.....11:00-12:30.....Adult Intermediate Lessons and Doubles
5:00-6:30.....**Player Development-A -**Invitation only**
6:30-7:30.....**Player Development-B -**Invitation only**
7:30-8:30.....Elite (Limit 4 kids)
7:30-8:30.....Adult Intermediate/Advanced (Limit 4 Adults)

**** Classes are by invitation only!!! Any questions e-mail churchvilletennis@gmail.com****

Tennis Program Registration Form-Winter 2016

Name: _____ Phone: _____ Age: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Emergency Contact: Name: _____ Phone: _____

Any medical problems? _____

If so, please explain: _____

Circle program: Beginners Elite JV/Varsity HomeSchool
 Player Dev A Player Dev B Adult Pre-K

Class Day: _____ Class Name: _____ Time: _____

I agree that I will not hold the instructor, the Churchville Rec. Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. I also understand that information on YOUTH SPORTS CONCUSSIONS AND HEAD INJURIES is available ON LINE at www.cdc.gov/concussioninyouthsports or you can call 1-800-232-4636.

Parent Signature: _____ Date: _____

MAIL FORM TO: Churchville Tennis, P.O. Box 515, Churchville, MD 21028